

State of New Hampshire 2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/04/2010

Business ID: 285069

William M. Gardner

Secretary of State

COMAC PUMP & WELL, LLC

PO BOX 425

KINGSTON, NH 03848

ADDRESS OF PRINCIPAL OFFICE:

13 NEW BOSTON RD

KINGSTON, NH 03848

REGISTERED AGENT AND OFFICE:

COSTA, SCOTT M

13 NEW BOSTON ROAD

KINGSTON, NH 03848

ENTITY TYPE: LLC

BUSINESS ID: 285069

STATE OF DOMICILE: NEW HAMPSHIRE

WELL DRILLING, INSTALLATION, WATER SYSTM SVCS, ANY
LAWFUL ACTIVITY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Marisa Costa**

STREET **PO Box 425**

CITY/STATE/ZIP **Kingston Nh 03848**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Scott M Costa

Please print name and title of signer:

Scott M Costa

/

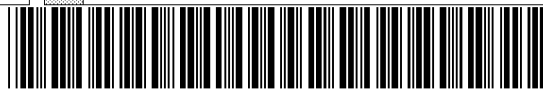
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



028506920091507

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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